

U.S. Department of Justice
United States Marshals Service

PROCESSED RECEIVED AND RETURNED

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF	Courtney Scott Fontes	COURT CASE NUMBER CA16-419-S-PAS
DEFENDANT	Matthew Kettle - Warden	TYPE OF PROCESS Civil Summons
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
AT	<p>▶ Matthew Kettle ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Maximum Security () Pontiac Ave P.O. Box 8273 Cranston R.I. 02920</p>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.
Courtney S. Fontes I.D. 138328		
P.O. Box 8200 HSC Cranston		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business, and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): Fold		2011 NOV - 7 D	Fol
<p>Signature of Attorney or other Originator requesting service on behalf of:</p> <p><i>Law Office of Michael J. Ward</i></p>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <hr/> <hr/>
			DATE <hr/> <hr/> <i>10/25/16</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process	District of Origin No. <u>70</u>	District to Serve No. <u>70</u>	Signature of Authorized USMS Deputy or Clerk <u>J. Lister</u>	Date <u>11/11/16</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
MARSHAL'S SERVICE, PROVIDENCE, RI	2:	MICHAEL GRANT	
	RECEIVED	Date of Service	Time
NOV - 1	11/2/16	10:30	pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
5(65.00	\$ 2.00		65.00			

REMARKS:

1 hr 22 miles

Mileage

J. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	<i>Courtney Scott Fontes</i>		COURT CASE NUMBER	<i>CA16-419-S-PMS</i>
DEFENDANT	<i>Jeffery Aceto</i>		TYPE OF PROCESS	<i>Civil Summons</i>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jeffery Aceto ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>maximum security</i> AT <i>() Pontiac Ave / P.O. Box 8273, Cranston, R.I. 02920</i>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	<i>1</i>
<i>Courtney Fontes 138328 P.O. Box 8200 HSC Cranston - R.I. 02920</i>			Number of parties to be served in this case	<i>4</i>
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER
*201-751-2511*DATE
10/28/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>70</i>	District to Serve No. <i>70</i>	Signature of Authorized USMS Deputy or Clerk <i>Bilato</i>	Date <i>10/11/16</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>MIKE GRANT LEGAL COUNSEL</i>	A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/>
Address (complete only if different than shown above) <i>PH 2</i>	Date of Service <i>10/28/16</i>
RECEIVED <i>RECEIVED</i>	Time <i>10:30 pm</i>
Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee <i>\$105.00</i>	Total Mileage Charges (including endeavors) <i>\$105.00</i>	Forwarding Fee <i>\$0.00</i>	Total Charges <i>\$108.00</i>	Advance Deposits <i>\$0.00</i>	Amount owed to U.S. Marshal or <i>\$0.00</i>	Amount of Refund <i>\$0.00</i>
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REMARKS:
22 MILES 1 hr

Mileage Charged 1x Between 3 Defendants - SAME ADDRESS

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

1180

Copy

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
 on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER							
<i>Courtney Scott Fontes</i>		CAZ6-419-S-DAS						
DEFENDANT	TYPE OF PROCESS							
<i>Walter Duffy</i>		Civil Summons						
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN							
Duffy, Walter <small>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Max Security</small>								
AT	(C) Pontiac Ave P.O. Box 8273 Cranston, R.I. 02920							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:								
<input checked="" type="checkbox"/> Courtney S. Fontes 138328 P.O. Box 4200 HSC Cranston R.I. 02920								
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>4</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>			Number of process to be served with this Form - 285	1	Number of parties to be served in this case	4	Check for service on U.S.A.	
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Number of parties to be served in this case	4							
Check for service on U.S.A.								

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Courtney S. Fontes

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER:
<input type="checkbox"/> DEFENDANT	

DATE
10/25/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 70	District to Serve No. 70	Signature of Authorized USMS Deputy or Clerk <i>Duffy</i>	Date 11/1/16
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>MICIE GRANT</i>	A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/>	
Address (complete only if different than shown above) <i>RECEIVED</i>	Date of Service 11/2/16	Time 10:30 am
Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee \$60.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges \$65.00	Advance Deposits	Amount owed to U.S. Marshal or Deputy	Amount of Refund
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REMARKS:

1 hr 22 miles

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Courtney Scott Fontes

DEFENDANT

Steven Cabral

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT

Steven Cabral

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

40 Howard Ave Cranston RI 02920

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Courtney S. Fontes 138328
P.O. Box 8200 HSC
Cranston RI 02920

COURT CASE NUMBER

CA16-419-S PAS

TYPE OF PROCESS

Civil Summons

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

4

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Chief Investigator

Lynda Aul 401-462-2282

U.S. DISTRICT COURT
PROVIDENCE,
RI

2010 NOV - 1 P

D

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Courtney S. Fontes

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

1 25

DATE
10/25/10

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 70

District to Serve

No. 70

Signature of Authorized USMS Deputy or Clerk

Shatto

Date

11/1/16

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Mike Grant Legal Counsel

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

 Date of Service 11/2/16 Time 10:30 am
 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$105.00			\$65.00			

REMARKS:

1 hr 22 miles